THIRD ANNUAL REPORT

OF

DR. GEORGE BLAND,

Medical Officer of Health,

FOR THE

BOROUGH OF MACCLESFIELD,

CONTAINING THE

VITAL STATISTICS FOR THE YEAR 1875.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

RESENTED
AUTHOR.

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

BOROUGH OF MACCLESFIELD,

FOR THE YEAR ENDING DECEMBER 31st, 1875.

Mr. Chairman and Gentlemen,—

I have the honour to submit to your notice my Third Annual Report on the health of the Borough of Macclesfield.

As on former occasions, I shall divide this Report into two parts: in the first, I propose giving a concise account of the Sanitary Legislation of the year, and of the work done by your Sanitary Officers; the second part I shall devote to the Vital Statistics of the year 1875.

Part I.

Five Acts of Parliament affecting Sanitary Authorities were enacted during the year 1875. They are,—

The Public Health Act;
The Artizans' and Labourers' Dwellings Act;
The Sale of Food and Drugs Act;
The Public Works Loans Act; and
The Local Loans Act.

The Public Health Act is an Act consolidating the many Sanitary Laws which had been passed during the previous five-and-twenty years, and which had got into such a state of labyrinthian obscurity that it was almost impossible for local sanitary officers to find their way among enactments referring to former enactments, which again repealed or re-enacted clauses in previous acts. The new Public Health Act is necessarily voluminous. It comprises 343 clauses, and is divided into eleven parts. Amongst the alterations made in the Sanitary Laws it is to be noticed that Magistrates are now empowered to inflict, by their order for the abatement of any nuisance, a penalty not exceeding £5 on the person on whom the order is made. Local Authorities are empowered to institute proceedings in cases of nuisance originating outside their districts, and additional facilities are given for dealing with offensive trades. Power is given in certain cases to remove persons suffering from infectious diseases to any Hospital provided by the Local Authority, and a new and important provision is added which enables a Local Authority to recover expenses incurred by them in maintaining in a hospital patients who are not paupers. With regard to Mortuaries, the Local Government Board may now compel Local Authorities to provide one; and any person obstructing the removal to a mortuary the body of a person who has died of an infectious disorder, is liable to a penalty not exceeding £5. When private streets are to be sewered and paved, estimates of the probable cost as well as plans and sections are to be deposited. Much greater powers are conferred on the Local Government Board; they may now prescribe the qualifications and duties of all Medical Officers of Health, although no portion of their salaries is paid out of the money voted by Parliament; and the Board may now enforce the union of districts for the purpose of electing a Medical Officer of Health, and prescribe all necessary consequential regulations—but no borough having a population of 25,000 can be included in any such combination without the consent of the Town Covncil.

The Artizans' and Labourers' Dwellings Improvement Act was passed to facilitate the removal, re-arrangement, and re-construction of houses, courts, and alleys in the poorer and more densely populated parts of London and towns containing 25,000 inhabitants and upwards. The Act ordains that if two Justices of the Peace, or any twelve ratepayers complain to the Medical Officer of Health of the unhealthiness of any part of his district, he is to inspect the area and make an "official representation" to the Town Council of the facts of the case, and to state whether he considers the area so unhealthy as to require the Act to be put into force; or the Medical Officer may make an official representation himself without any previous complaint. If the "official representation" is to the effect "that any houses, courts, or alleys within a certain area are unfit for human habitation, or that diseases indicating a generally low condition of health amongst the population have been from time to time prevalent, and that such prevalence may reasonably be attributed to closeness, narrowness and bad arrangement, or the bad condition of the streets and houses, or to the want of light, air, ventilation or proper conveniences, or to any other sanitary defects, and that the evils connected with such houses cannot be effectually remedied otherwise than by an improvement scheme for the re-arrangement and re-construction of the streets or houses," and the Town Council, after receiving it, are satisfied of its truth, they are to pass a resolution that the area is unhealthy and that an improvement scheme ought to be made for it. No one who has any interest in any of the land within the area is to vote on the resolution, under a penalty of £20. A scheme of improvement is then to be drawn up, which must always provide for the accommodation of "at least as many persons of the working classes as may be displaced in the area with respect to which the scheme is proposed, in suitable dwellings, which, unless there are any special reasons to the contrary, shall be situate within the limits of the same area, or in the vicinity thereof." After the scheme and maps, particulars and estimates have been compiled an advertisement is to be published in a local newspaper stating where a copy of the scheme may be seen. Afterwards notice of the purpose for which the land is required is to be served on the owners, lessees, and occupiers of as much land as it is intended to take by compulsory purchase. A petition under seal of the Town Council is next to be presented to the Local Government Board for a provisional order to confirm the scheme. An officer of the Local Government Board will then hold a local inquiry, to ascertain whether the official representation was correct, and the scheme sufficient for its purpose; and also what local objectious there may be to the scheme. On the report of the officer the Local Government Board may issue a provisional order for the confirmation of the scheme, either as it stands, or with modifications, and are to procure an Act of Parliament for the confirmation of their provisional order which has no validity until the Act has passed. As soon as possible after the confirming Act has passed the Town Council are to purchase the whole land required for the scheme, or they may contract with any person entitled to the first estate of freehold in any part of it, to carry out the scheme without alteration. Should the Town Council erect dwellings out of the funds provided under the Act, they must be sold within ten years from their completion. A separate account of receipts and expenditure under the Act is to be kept. Money for the execution of the Act may be obtained in several ways; the property purchased for the purposes of the scheme may be mortgaged; or the local rates may be mortgaged as under the Public Health Act, 1875; or money may be borrowed by issuing debentures, debenture stock, or annuity certificates; or, lastly, borrowed from the Commissioners of Public Works for a period of not more than fifty years, at 3½ per cent. Provision is made that if a Town Council fail to pass a resolution in relation to the representation of the Medical Officer of Health, or resolve not to proceed with the scheme, they are to make a report to the Local Government Board, who may then order a local inquiry to be held by one of their officers.

The Sale of Food and Drugs Act. This Act repeals all the previous adulteration Acts, and contains the following severe penal clauses with respect to the adulteration of food and drugs. A penalty of not less than £50 for the first offence, and imprisonment with hard labour for the second offence, for any person who mixes or colours any article of food with any ingredient injurious to health, with the intent that the same shall be sold in that state. A penalty not exceeding £20 upon any person selling any article of food or drug which is not of the value, substance, and quality of the article demanded by the purchaser ; certain preparations of food are however exempt, and labels stating that articles are mixed give protection to the seller. A penalty of not more than £20 may be inflicted upon any person who, with the intent that the same shall be sold in its altered state without notice, abstracts from any article of food any part of it so as to injuriously affect its quality, substance, or nature. A penalty not exceeding £10 is incurred by any person who refuses to sell an article of food for the purpose of analysis. Special provision is made by the Act for the examination of all tea imported, giving power to the Commissioners of Customs, in case the tea is adulterated to have it destroyed.

The Public Works Loans Act consolidates with alterations the law relating to loans by the Public Works Loan Commissioners, and requires that every intended borrower shall send to the Commissioners before the 31st of December, in every year, a statement of the loans likely to be required during the ensuing financial year, commencing with the first of April following.

The Local Loans Act enables Local Authorities to raise money on debentures, debenture stock, or annuity certificates, They are also empowered to re-borrow, in the manner prescribed by the Act, any sums required for the purpose of discharging existing loans.

THE EPIDEMIC OF SCARLET FEVER.—In reviewing the sanitary state and health of the Borough during 1875, the epidemic of scarlet fever stands prominently in the foreground. On referring to table VIII it is seen that there were two deaths from scarlet fever during the first quarter of the year, and one in the second quarter ; in the third quarter the fatal cases numbered five, and in the fourth quarter twenty-three. The single fatal case which occurred in the second quarter was imported from Crewe ; death took place on the 29th of May, and from that date until the 7th of August the borough was, so far as I can ascertain, free from scarlet fever. At the latter date it became epidemic. My attention was first directed to it by a note addressed to the Inspector by a Medical Practitioner, who stated that he was attending several patients with scarlet fever, all of whom attended one particular school. On investigating the facts I found that, excluding all doubtful and uncertain cases, no less than thirteen scholars of the Hurdsfield Church Infant School had been attacked in the course of seven days, whilst the scholars of other schools were exempt. The remarkable rapidity with which the epidemic spread, and the outbreak being at first confined to the scholars of a certain school, pointed in a most marked manner to that school being the centre of infection; I therefore felt it my duty to advise your Sanitary Committee that the school be closed for a few weeks. The Managers of the school however declined to accede to the request of your Sanitary Committee to close the school until the epidemic abated, and I was desired to forward the following letter to the Education Department.

"Town Hall,
Macclesfield,
August 21, 1875.

Sir,—

I am instructed by the Sanitary Committee of this Corporation to forward you a copy of my report on an outbreak of Scarlet Fever in the Hurdsfield portion of this Borough.

The outbreak was in the first instance confined to the scholars of the Hurdsfield Church Infant School; no less than thirteen undoubted cases of scarlet fever occurred among those attending this school during the seven days,—August 7th to August 13th.

The Sanitary Committee has issued a peremptory order to remedy immediately the sanitary defects complained of in the report.

The Sanitary Committee also requested the managers to close the Hurdsfield Church Infant School until the epidemic had abated. This the managers declined to do, but at the urgent solicitation of the Mayor, Major T. U. Brocklehurst, they have consented to close for three days.

Under these circumstances the Sanitary Committee, knowing the vital importance of checking at once this outbreak of scarlet fever, and fearing lest other children should become infected by attending the Hurdsfield Church Infant School, has directed me to request my Lords to issue an order for the closing of this school until all fear of infection has passed away.

I have the honour to be,
Sir,
Your obedient servant,
George Bland,
Medical Officer of Health."

"To the Secretary of the
Education Department,
Whitehall, London, S.W."

The result of the application was that the school was closed from August 23rd to September 12th, during which time the epidemic abated in the neighbourhood of the school, but spread in the lower part of Hurdsfield, whence it was conveyed to the adjacent parts of East Macclesfield and to West Macclesfield; Sutton was unaffected.

The great severity of the outbreak in Hurdsfield can be best judged by the following figures. In West Macclesfield, with a population of 17,238, there were 120 cases of scarlet fever during the last two quarters of the year, being at the rate of nearly seven to each thousand inhabitants ; in East Macclesfield, whose population is 1050, there were 60 cases, or nearly six in each thousand of the inhabitants were affected ; whereas in Hurdsfield, whose population numbers 3,600, no less than 156 persons were attacked, being a little more than forty-three cases to each thousand inhabitants.

What was the cost to the community of this epidemic ? Calculating that each case of scarlet fever cost £1 10 for medical attendance, nursing and those little delicacies which invalids require, and that the funeral expenses of each fatal case amounted to £5 (a moderate estimate), the cost of the outbreak to the inhabitants of the town was as follows :—

28 funerals at £5 each	£140
336 cases of sickness at £1 10s. each ...	504
Total	£644

This sum may be put down as the actual money loss to the community ; but other expenses might reasonably be added, especially the loss of wages of those adults who were infected, and the earnings of the mothers who were compelled by force of circumstances to abstain from work in order to nurse their sick children, and of other members of the family who were requested by their masters to absent themselves from the factories whilst scarlet fever was dominant in their household. Moreover, as Dr. FARR has shown each life has a direct money value,* and calculating that each life cut short by scarlet fever was valued at £56, the sum of £1,568 may be added to the amount given above, making a money loss of not less than £2,212.

INFECTIOUS DISEASES HOSPITAL.—The epidemic of scarlet fever when viewed aright teaches us several lessons. The first and most important is the necessity of being prepared beforehand for a similar outbreak. Zymotic diseases are preventable. Some, such as Enteric Fever and Diarrhœa, which Mr. SIMON has aptly described as filth diseases, are caused by bad drainage, sewage reeking air, foul water, and other forms of excrement nuisance. Others, of which Scarlet Fever and Smallpox are types, may invade in epidemic waves towns with faultless drainage, whose atmosphere is untainted, and whose water supply is perfect; such diseases spread by direct contagion and there is only one way to prevent their spread—Isolation. And how is the infected patient to be isolated? By leaving him in his home when that home affords him no separate room, and possibly no separate bed? By leaving him to be nursed by his wife or mother who has to tend her family as well? By allowing his brothers and sisters or his children to attend school and factory as usual and spread the disease wherever they go? And by simply giving directions as to isolation and disinfection where both are impossible? No; certainly not. For large masses of the population of this town isolation involves the absolute necessity of a hospital. In the absence of such a building what do we find? A working man and his wife with a family of four or five children are occupying a four-roomed cottage, the two sleeping apartments are small and ill-ventilated; one of the children is stricken with scarlet fever, he cannot be isolated, for the house is too small; his brothers take the disease; they are all packed into one of these small hampered bedrooms, and the parents sleep with them in order to attend to their wants during the night. The room is fearfully overcrowded, and the atmosphere dreadfully impure. Neighbours come in to sympathise and assist, and take the disease home to their own children; but the sick patients get none of that special cooking, special nursing, and those special sanitary and remedial measures which are so essential for the safe and successful treatment of such diseases. What wonder that one or two succumb to the disease! Now look at the reverse. Suppose the first who was infected is removed at once to a Fever Hospital; he is placed in a well lighted, well ventilated ward, kept at an even temperature; he is waited upon by a skilled nurse, and everything which medical science can suggest is done to bring the case to a favourable termination. He recovers; and the disease does not spread. Meantime the father has been busy in his loom as usual; the mother has been able to attend to her ordinary avocations; the elder children have been earning their mites at the factory; the young ones have not had to absent themselves from school; and the family is all the richer in in having been able to earn their wages as usual, and in being spared the funeral expenses of one or or two of its members.

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*Dr. FARR, in the Supplement to the Thirty-fifth Annual Report of the Registrar General says,—" I found the value of a Norfolk agricultural labourer to be £246 at the age of 24 : the child is by this method worth only £5 at birth, £56 at the age of 5 ; £117 at the age of 10 ; the youth £192 at the age of 15 ; the young man £234 at the age of 20 ; the man £246 at the age of 25, and of £241 at the age of 30, when the value goes on declining to £138 at the age of 55, and only £1 at the age of 70 ; the cost of maintainance afterwards exceeding the earnings, the value become negative.'

I do not think it is too much to surmise that if the first batch of Scarlet Fever cases, when that disease first appeared in Hurdsfield, could have been removed to an Infectious Diseases Hospital the outbreak might have been nipped in the bud, instead of remaining epidemic for six months. It is therefore with unfeigned satisfaction that I am able to say that the provision of a Fever Hospital for the Borough has been seriously considered and assented to by your Sanitary Committee during the past year.

It is most essential that the building should be ready before it is actually required, in order to be able to isolate immediately the first case of any zymotic disease which may appear in our midst, and before it has had time to infect others. A striking instance most apposite to the argument in favour of there being ready-made provision for cases of infection, introduced from without, is afforded by the experience of Cheltenham. "Here fourteen beds" says Dr. BUCHANAN * "are permanently provided for smallpox cases, in an admirable little hospital, that is devised to suit the wants of well-to-do people, as well as those who may be sent to it by public authorities. In six months of last year smallpox was brought into Cheltenham no less than six times—from Gloucester, from Birmingham, from Liverpool, and elsewhere. Seven persons ill of the imported disease were taken without delay to the Delancey Hospital, and except one individual, who was also removed to the Hospital, nobody in the town caught the disease from these seven centres of contagion. There was literally no other smallpox in the town. How much there would have been if, in the absence of the hospital, the seven importations had been allowed to spread their contagion in a widening circle round each, can of course only be a matter of surmise."

In the same pamphlet the writer gives some illustrations of cogent value showing the necessity of the accommodation provided not being stinted. He says, "In the two adjacent towns of Plymouth and Devonport smallpox made its appearance in 1871. In Plymouth it lasted as an epidemic over eighteen months; in Devonport over eight only;—the difference in duration seeming to be directly related to the difference in the Hospital provision of the two places. In Devonport, soon after the epidemic began, beds in the proportion of two to every thousand of the population were provided. In Plymouth a wholly insufficient provision was at first made; three additional hospitals in succession had to be built while the epidemic was going on, and in all the accommodation for the sick hardly exceeded the half of what Devonport had provided by a single effort. Had there been some standing hospital ready to receive the earliest cases, it cannot be doubted that both places would have escaped with a much shorter epidemic, and a much smaller smallpox mortality. I had occasion to compare the behaviour of this same disease in Birmingham with its behaviour in London and Coventry, and I found that Birmingham, having no infectious hospital except what was used almost exclusively by paupers, and that being on a scale of about a quarter of a bed to every thousand population, had smallpox going on and on for some three years; while its neighbour, Coventry, providing by an effort, and for all classes three times the proportion of accommodation that Birmingham made, put out a sharper epidemic almost immediately; and even London, also having about three times the amount of accommodation of Birmingham, and using it for all classes, got rid of its epidemic in about half the time that it lasted in Birmingham, the subsidence beginning very soon after this amount of hospital provision had been made."

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* English Hospitals in the Sanitary Aspects; being the annual Oration delivered before the Medical Society of London, by GEORGE BUCHANAN, M.D.

Another illustration of the good effected by the establishment of an Infectious Diseases Hospital is furnished by the epidemic of small-pox at Newmarket last year. "The number of new cases of the disease," says Dr. ARMISTEAD, the Medical Officer of Health,* "during the ten weeks before the establishment of the hospital, counting from the first imported case on May 14 to July 24, was, for each week respectively 1, 0, 2, 0, 3, 2, 3, 0, 12, 39. After the opening of the hospital, the number of fresh cases for each week was 21, 12, 13, 1, 1, 0, 0, 0. Reckoning up to the time when the last patient was convalescent and able to be discharged from the hospital, could anything more clearly demonstrate the value of isolation in preventing the spread of contagion? The gradual spread of the infection when the morbific germs were thrown off from but few patients; the rapid spread when the number of infected persons was greater; the threatened still greater development of the disease, each week, as the centres of infection multiplied; the opening of the hospital at a time when the disease was increasing most rapidly; the large number of cases, all previously infected, which occurred in the following two weeks, each one a source of further infection; and the very sudden stoppage of the epidemic as soon as all the infected persons had been isolated." Dr. ARMISTEAD also gives some striking statistics showing the effect of hospital treatment upon the patients; from which it appears that while the mortality amongst the cases removed to the hospital was as low as one death in 26 cases, those treated at their own homes died at the very high rate of one death in $4\frac{1}{4}$ cases.

The Infectious Diseases Hospital, in order to be successful, must not only be ready for the reception of cases before wanted, and have ample provision for treating various kinds of infectious disorders, but must be entirely disconnected with the Workhouse or any pauper or charitable institution. Many persons have a prejudice—a very wholesome prejudice and one which ought to be encouraged—against being treated in a Hospital connected with the Poor Law system. If isolation is a sanitary provision, and the means of preventing contagious disorders and preserving the health of a town, it is manifest that it is the duty of the Sanitary Authority to provide the necessary building in which to isolate the infected sick, and not the duty of the Poor Law Guardians, whose *raison d' être* is the relief of the poor. The Local Government Board have declared that the reception of non-pauper cases in a Workhouse Hospital to be of "doubtful legality;" so that the poor law hospitals are of but little use to the 96 per cent. of the population that keeps itself without assistance from the poor rates. The Local Government Board have also, I am pleased to observe, so far recognised this wholesome prejudice of which I speak, that in consenting to the fever hospital at the rear of the Workhouse at Goole being used as a non-pauper Hospital for infectious diseases, imposed among other conditions that the management of the hospital devolve on the Goole Local Board of Health, as the Sanitary Authority of the district; that it be entirely independent of the workhouse establishment; that the building be separated from the ground on which the workhouse stands by a wall, and that a separate entrance be provided; thus, utterly dissociating the building from every trace of pauperism.

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* Quoted from the "Sanitary Record." Vol. III: page 343

It has often been stated that when a Fever Hospital is erected, people will not avail themselves of it. It is true our powers of compulsion are small; they are contained in the following section of the Public Health Act:—"When any suitable hospital or place for the reception of the sick is provided within the district of a local authority, or within a convenient distance of such district, any person who is suffering from any dangerous infectious disorder, and is without proper lodging or accommodation, or lodged in a room occupied by more than one family, or is on board any ship or vessel, may, on a certificate signed by a legally qualified medical practitioner, and with the consent of the superintending body of such hospital or place, be removed, by an order of any Justice, to such hospital or place at the cost of the Local Authority; and any person so suffering who is lodged in any common lodging-house, may, with the like consent and on a like certificate, be so removed by order of the Local Authority. And any person who wilfully disobeys or obstructs the execution of such order shall be liable to a penalty not exceeding £10." It would be an improvement in the Act and would meet all requirements, if for the words "lodged in a room occupied by more than one family," were substituted "so lodged as to be likely to spread the disease." But the experience of other towns proves that compulsion is very seldom required; people, when suffering from dangerous infectious diseases, are quite willing to, and even desirous of, being treated in a proper non-pauper hospital. My own experience in Macclesfield confirms this. I know of many cases where parents were very anxious to have their infected sick removed before the disease spread to the other members of their family. One very hard case, I well remember. A widow, the bulk of whose income was obtained by letting a portion of her house, had the misfortune to have one of her children stricken with scarlet fever; she was most anxious to have him removed at once to a Fever Hospital, not being able to do so, she was of course obliged to give up her lodgers and for a period of nearly six months lost the greater portion of her income.

POWER TO CLOSE SCHOOLS, &c.—Another thought which arises in connection with the epidemic of Scarlet Fever in Hurdsfield, is the want of compulsory powers to close schools when a dangerous infectious disease is dominent among the scholars or in the neighbourhood. In the code of regulations published by the Educational Department in 1874 is a clause to the following effect: "If a school have closed during the year under medical authority, on account of a local epidemic, a proportionate reduction is made from the number of meetings and attendance required" for the purpose of the capitation grant. But no provision is made for the compulsory closure of a school. Every sanitarian knows that when an infectious disease such as Scarlet Fever is epidemic among children, it is of the utmost importance to prevent large masses of children congregating together. I therefore hope that in the next Public Health Act power will be given to Local Authorities to close such schools, whether public or private, as may become centres of infection; also, power to fine parents wilfully sending their children to school from an infected house. Moreover, as dame or "private adventure" schools are often overcrowded, it is desirable that Local Authorities should be empowered to define the number of scholars to be accommodated in such schools and otherwise superintend their general sanitary arrangements.

EARLY NOTICE OF INFECTIOUS DISEASE.—A third thought which arises in connection with this outbreak of Scarlet Fever in the necessity of making some provision for obtaining early information of the occurrence of each case of infectious disease. There are many cases of a contagious character which are never reported to the sanitary officials, and in which no steps are taken to prevent their spread; in other cases the information is first obtained from the death registers, when it is too late to be of service. All those who have studied the spread of contagious diseases and the prevention of epidemics are of opinion that these diseases ought to come under the cognisance of the health officials as early as possible. This is to be attained in only one way—making some person responsible for giving notice to the Sanitary Authority of the occurrence of a contagious case. Who is the informant to be? Some have proposed to make it compulsory upon the medical attendant, others would place the onus upon the friends of the patient. In the Edinburgh Police Bill and the Huddersfield Improvement Bill, now under the consideration of Parliament, the former view is taken. In these Bills it is proposed that each medical man called in to see a case of infectious disease shall give immediate notice thereof to the Medical Officer of Health, and that a fine be inflicted for neglecting to give such notice. I am of opinion that the onus should be placed on the friends of the patient, not on the medical attendant; the father or mother, the master or mistress of the house should be the parties who should be held liable for giving the necessary information, for a very obvious reason —that cases occur in which no medical practitioner is consulted.

The Society of Medical Officers of Health, which has devoted much atttention to this subject, suggests the following addition to the Public Health Act:—

"The occupier of any house in which a person is ill of fever or other infectious disease, shall give immediate notice thereof to the

Local Authority, who by their Medical Officer of Health or Inspector of Nuisances, shall forthwith visit the premises and give such advice and assistance as may tend to prevent the spread of the disease.

"On the production by such occupier of a certificate signed by any legally qualified practitioner who shall be in attendance in such case, and drawn up according to a form to be prescribed by the Local Government Board, stating that proper and adequate precautions are being adopted under his direction to prevent, so far as is practicable, the spread of the disease, and that there is no necessity in his opinion for the interposition of the Local Authority in regard thereto, the Medical Officer of Health and the Inspector of Nuisances shall not be empowered to take any further action therein.

"Any person being the occupier of a house in which a case of infectious sickness exists, or any person in charge of a person so suffering, who shall wilfully neglect or refuse to give information thereof to the Local Authority shall be liable to a penalty for every day, during which he continues to make default, of Ten Shillings."

This, if enacted by the legislature, would I believe meet all requirements; for while on the one hand, those who are carrying out out a proper system of isolation and disinfection under medical superintendence are protected from any undue interference on the part of the Local Authority, those who from ignorance or carelessness are spreading the disease may be effectually dealt with.

SANITARY SURVEY.—The house-to-house inspection of the Borough has been continued during the year. East Macclesfield has been completed, and the whole of Hurdsfield and a portion of West Macclesfield inspected. The value of such a thorough inspection can scarcely be over-estimated; many nuisances are thus brought under the cognisance of your sanitary officers and dealt with, which would otherwise be over-looked.

WORKS OF DRAINAGE, &C.—Under the direction of your Highway Committee and your Borough Surveyor works of great sanitary importance have been carried out.

Peel Street, which two years ago I reported as being in a miserably defective sanitary condition owing to the absence of a proper system of drains, and the roadway in consequence being occupied with pools of stagnant and fœtid water, has been sewered with 15-inch pipes laid cellar deep, and well ventilated.

Dean Street, Calamine Street, and Windmill Square, formerly in a very unhealthy state, have been sewered cellar deep with 9-inch pipes, effecting a very great improvement in this locality.

In Lord Street, Sutton, many of the houses used to be very unhealthy from the quantity of fœtid water lodged in the cellars. During the year the loose rubble sough or drain has been taken up, and a new pipe sewer laid down at a sufficient depth to effectually drain the cellars.

Fence Street, Wellington Street, and a portion of Daybrook Street, Hurdsfield, have also been properly sewered with deep pipe drains, well ventilated.

In all these streets the closets have been re-constructed on the new system.

These are sanitary works which I believe cannot fail having a very great and beneficial effect on the health of the inhabitants.

FILTHY HOUSES.—357 houses, which on inspection were found to be filthy or unwholesome, were cleansed and lime-washed. The lime-wash was gratuitously supplied to the poor, and the brushes lent for applying it.

COMMON LODGING HOUSES.—During the year three keepers of Common Lodging Houses were fined 5s. and costs, or in default seven days' imprisonment, for allowing their rooms to be over crowded. Another keeper, on whom it was necessary to serve a warrant, was sent to goal in default of the payment of the costs for a similar offence; his house has since been transferred to another keeper. One conviction took place for allowing unmarried persons of opposite sexes to occupy the same sleeping apartment, the keeper being fined 10s. and costs or 14 days' imprisonment.

SLAUGHTER-HOUSES.—The 26 registered Slaughter Houses have been regularly inspected. Some butchers having become lax in the removing of their refuse, it was found necessary to call the attention of all the occupiers of Slaughter Houses to the bye-laws, and to caution them against any infringement of the same.

DISEASED MEAT.—4,856lbs. of meat, 353lbs, of fruit, and 136lbs., of fish were condemned and destroyed as unfit for human food. One person was convicted for exposing unsound fish for sale.

TABLE I.

Abstract of work done in Sanitary Department during the year ending December 31st, 1875.

Number of nuisances remaining in the books Jan. 1st, 1875 ...	350
Number of new cases entered in the books during the year ...	1024
Number of nuisances removed	1010
Number remaining un-removed December 31st, 1875............	364

Number of houses inspected	4143
Number of houses specially inspected on account of infectious disease	380
Number of houses disinfected after infectious disease	328

Peremptory Notices under the Seal of the Board.

To provide, repair, or cleanse house drains	154
To provide proper and sufficient closet accommodation	207
To remove other nuisances	102
Total	463

Number of houses drained	264
Number of Slopstone pipes disconnected from the sewer	182
Number of new closets built	167

Visits paid to common lodging-houses	781
Visits paid to slaughter-houses	684

Supplies of lime-wash given to the poor	490
Brushes lent for applying the same	324
Supplies of Disinfectants given to the poor	392
Supplies of vermin killer given to the poor	119

Number of summonses issued	12

TABLE II.

Number of Loads of Night-soil and Rubbish taken from the Streets during the last four years.

Year.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Total.
1872	1634	1087	653	1632	5006
1873	2113	1564	2295	1961	7933
1874	3660	2143	1092	1987	8882
1875	3228	3007	1226	2523	9984

Part II.

VITAL STATISTICS FOR THE YEAR 1875.

BIRTHS.

Birth rate of Macclesfield	35·2	per thousand
Birth rate of England	35·7	„ „

The number of children born alive within the Borough during the year was 1285, being an increase of 64 over the number born in the previous year. The births exceeded the deaths by 298, which, without making any allowance for emigration and immigration, would be the natural increase of the population during the year.

Table III.

Showing the number of Births and of Illegitimate Births in the four districts of the borough :—

Districts.	Including Illegitimate Births.			Illegitimate Births.		
	Total.	Males.	Females	Males.	Females	Total.
West Macclesfield	540	275	265	28	26	54
East Macclesfield	421	231	190	17	23	40
Sutton	206	100	106	10	6	16
Hurdsfield	118	58	60	7	6	13
Total	1285	664	621	62	61	123

DISTRICT BIRTH RATES.

West Macclesfield	31·3	per thousand.
East Macclesfield	40·0	„ „
Sutton	40·0	„ „
Hurdsfield	32·7	„ „

It is curious to notice how much higher the birth rate is in East Macclesfield and Sutton compared with the other two districts; it would be interesting to know the cause of this difference.

Table IV.

Showing the number of Births and of Illegitimate Births during each quarter of the year :—

Quarters.	Including Illegitimate Births.			Illegitimate Births.		
	Total.	Males.	Females	Males,	Females	Total.
First Quarter	336	187	149	13	12	25
Second Quarter	311	153	158	18	15	33
Third Quarter	335	173	162	10	19	29
Fourth Quarter	303	151	152	21	15	36
Total	1285	664	621	62	61	123

QUARTERLY BIRTH RATES.

First Quarter	36·8	per thousand.
Second Quarter	34·0	,, ,,
Third Quarter	36·7	,, ,,
Fourth Quarter	33·2	,, ,,

The birth rate was highest during the first and third quarters; it was lowest during the fourth quarter.

SEX.

Of the 1,285 children born alive 664 were males and 621 females. According to the birth registers of England 104 boys are born to 100 girls; in Macclesfield during 1875 the proportion was 106 boys to 100 girls.

CHILDREN BORN OUT OF WEDLOCK.

The large numbers 123 illegitimate children were born alive during the year, being an increase of 18 on the previous year. The illegitimate children comprise nearly 10 per cent. of the whole births.

DEATHS.

Death rate of Macclesfield, 1875	25·0	per thousand.
Death rate of England, 1875	23·7	,, ,,
Zymotic death rate of Macclesfield	2·4	,, ,,
Zymotic death rate of England	3·1	,, ,,

As compared with the two previous years there was a diminution in the number of deaths in Macclesfield during 1875. The number registered was 987 ; giving a mortality rate of 25·0 per thousand.

In 1874 the death rate was .. ... 26·6 per thousand.
In 1873 " " ... 26·1 " "
And in 1872 " " ... ... 25·0 " "

By a glance at the following table, extracted from the Registrar General's Annual Summary of Births and Deaths, it is seen that the death rate of Macclesfield is slightly below that of the eighteen largest English towns Six only of these towns have lower rates of mortality than this borough, and all have suffered more severely from preventable diseases. Nor is this to be wondered at when the relative density of the populations is considered.

TABLE V.

TOWNS.	Birth Rate.	Death Rate.	Rate of the seven chief Zymotic Diseases.
London	35·7	23·7	3·9
Portsmouth	32·8	19·5	3·0
Norwich	32·6	24·5	4·3
Bristol	36·5	26·8	4·9
Wolverhampton	38·5	24·7	3·3
Birmingham	40·6	26·5	5·8
Leicester	38·7	26·6	6·2
Nottingham	34·5	27·7	5·1
Liverpool	38·5	27·5	4·5
Manchester	39·4	29·9	4·6
Salford	47·3	31·5	7·2
Oldham	41·9	29·6	4·1
Bradford	39·0	27·1	5·6
Leeds	40·3	26·4	4·6
Sheffield	41·2	24·8	4·8
Hull	40·6	27·4	6·2
Sunderland	42·3	22·4	3·8
Newcastle-on-Tyne	40·6	26·1	3·6
Mean	37·1	25·4	4·4
MACCLESFIELD	35·2	25·0	2·4
Average of fifty other large towns	36·6	23·8	3·5

Macclesfield does not compare favourably with the fifty other large towns next in importance to those in the table, and similar in size to this borough. The average mortality for these towns was

23·8 per thousand or 1·4 per thousand lower than Macclesfield. Thirty-three of the fifty towns had lower death rates than this borough and in eight of them the mortality was at rates below 20 per thosand, viz.: Dover (16·4), Chatham, Maidstone, Hastings, Reading, (18·7), Colchester, Devonport, (18·5), and Cheltenham (18·8). The rate of mortality from Zymotic diseases in these fifty towns averaged 3·5 per thousand; in Macclesfield it was lower, 2·4 per thousand.

Dr. Farr in his recently issued supplement to the thirty-fifth Annual Report of the Registrar General states that the mortality of Macclesfield declined from 26 per thousand in the decade 1841–50 to 25, and 23 per thousand in the decades 1851–60 and 1861-70. This improvement is encouraging, let us endeavour to maintain it. The rate of mortality however for the last quinquenial periods (1870–75) is 2·5 per thousand higher than the preceeding decade.

DISTRICT MORTALITY.

Table VI.

Showing the number of Births and Deaths, and of Deaths from certain specified causes during the year 1875 in four districts of the borough.

Districts.	Births.	Deaths.	Deaths of		Deaths from										
			Children under 12 months old.	Persons aged 60 years and upwards.	Smallpox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Cholera.	Violence.	Inquest Cases	Deaths in Public Institutions.
Wst Macclesfield Area 1,716 acres Population 17,238	540	515	92	146	...	1	12	...	3	6	12	...	9	24	132
East Macclesfield Area 881 acres, Population 10,520	421	254	80	55	...	...	6	...	2	10	13	...	7	15	...
Sutton, Area 360 acres, Population 5,140	206	127	38	36	...	...	...	2	...	1	4	...	1	2	...
Hurdsfield, Area 274 acres, Population 3,603.	118	91	29	15	...	...	13	...	...	...	3	...	1	3	...
Total	1285	987	239	252	0	1	31	2	5	17	32	0	18	44	132

Table VII.

Showing the Birth-rate, Death-rate, and rate of the seven chief Zymotic diseases per 1,000; the per-centage of deaths of children to births registered; and the analysis of the mortality in the four districts of the borough.

Districts.	Rates per thousand.			Percentage of Infantile Deaths to Births registered.	Percentages to total Deaths.		
	Births.	Deaths.	Deaths from the seven chief Zymotic Diseases.		Deaths of Children under twelve months old.	Deaths of People aged 60 years and upwards.	Deaths from the seven chief Zymotic Diseases
West Macclesfield ...	31·3	23·9	1·9	17·0	17·6	28·3	6·6
East Macclesfield ...	40·0	26·5	2·9	19·0	31·5	21·6	12·2
Sutton	40·0	25·2	1·3	18·4	29·9	28·3	5·5
Hurdsfield	32·7	27·7	4·4	24·5	31·8	16·3	17·5

Comparing with each other the four districts into which the Borough of Macclesfield is divided, it is seen that the rate of mortality is lowest in West Macclesfield 23·9 per thousand and highest in Hurdsfield 27·7 per thousand; Sutton and East Macclesfield occupying medium places with rates of 25·2 and 26·5 per thousand respectively.

The fatal prevalence of Scarlet Fever, referred to in the first part of this report, gave Hurdsfield the highest mortality from Zymotic diseases, 4·4 per thousand; whilst in Sutton, which enjoyed a singular immunity from this disease, the rate was as low as 1·3 per thousand. In West Macclesfield the Zymotic mortality rate was 1·9 per thousand; in East Macclesfield 2·9, the proportionately large number of deaths from Enteric Fever and Diarrhœa in this district point to a highly unsatisfactory state of things.

Infantile mortality was highest in Hurdsfield. In this district of each hundred children born alive in 1875 no less than 24 died before they were twelve months old. Of each hundred children born alive in the other three districts 17 died in West Macclesfield, 18 in Sutton, and 19 in East Macclesfield before attaining that age.

Of deaths among the aged the greatest proportionate mortality occurred in West Macclesfield and Sutton. In these two districts twenty-eight people in each hundred deaths had reached or exceeded the age of sixty years; in East Macclesfield twenty-one in each hundred deaths; but in Hurdsfield only sixteen in a hundred reached or exceeded the age of three score years.

MORTALITY AS TO SEASONS.

TABLE VIII.

Showing the number of Births and Deaths and Deaths from certain specified causes during each quarter of the year 1875.

QUARTERS.	Births.	Deaths.	Deaths of		Deaths from									Inquest cases.	Deaths in Public Institutions.
			Children under one year old.	Persons aged 60 yrs. and upwards.	Smallpox	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Cholera.	Violence.		
First Quarter ...	336	307	69	97	...	...	2	2	4	4	5	...	6	14	53
Second Quarter	311	204	49	36	...	...	1	...	...	5	3	...	3	7	19
Third Quarter...	335	187	48	44	...	...	5	...	...	2	18	...	4	11	16
Fourth Quarter	303	289	73	75	...	1	23	...	1	6	6	...	5	12	44
Total ..	1285	987	239	252	...	1	31	2	5	17	32	...	18	44	132

TABLE IX.

Showing the Birth rate, Death rate, and rate of the seven principal Zymotic Diseases per thousand of the population; the per-centage of Infantile Deaths to Births registered; and the analysis of mortality during each quarter of the year 1875.

QUARTERS.	Rates per thousand.			Percentage of Infantile Deaths to Births registered.	Percentages to Total Deaths.		
	Births.	Deaths.	Deaths from the seven chief Zymotic Diseases.		Deaths of Children under twelve months old.	Deaths of Persons aged 60 years and upwards.	Deaths from the seven chief Zymotic Diseases.
First Quarter ...	36·8	30·7	1·7	20·5	22·5	31·9	5·5
Second Quarter ...	34·0	21·1	1·0	15·7	27·8	17·6	4·4
Third Quarter ...	36·7	19·7	2·7	14·3	25·6	23·5	13·3
Fourth Quarter ...	33·2	28·9	4·0	24·0	24·8	25·9	12·9

In 1875 the weather had a very marked influence on the mortality. It will be seen by referring to the above tables that the highest death rate occurred during the first quarter of the year, and that the excess in the number of deaths was caused by the greater mortality among the aged, who were unable to withstand the very severe weather which prevailed during February and the beginning of March. The second period of cold weather which extended over the first three weeks of December, likewise produced a sensible effect on the mortality of the young and aged. In the first quarter 97 persons aged sixty years and upwards succumbed, but only 36 people of that age were included in the mortality list of the second quarter ; in the third quarter the number was 44, and during the fourth quarter it rose again to 75. In the first and fourth quarters Bronchitis, Pneumonia, and Phthisis were specially fatal ; Diarrhœa as usual was most prevalent during the third quarter ; and the greatest number of deaths from zymotic, or preventable causes occurred during the fourth quarter, owing to the large number of deaths from scarlet fever.

The mean temperature of the year was slightly lower than that of 1874, and east winds were markedly more prevalent ; there was more cloud and the rainfall was above the average, the excess being in the Spring and Summer quarters ; the mean height of the barometer was a little higher in 1875 than in 1874, but lower during the first half of 1875 than in the first half of the previous year.

MORTALITY AS TO SEX AND AGE.

The 987 deaths comprise 504 males and 483 females. Calculating that males constitute 49 per cent. and females 51 per cent. of the living population, the mortality rate of males will be 26·0 per thousand, and that of females 24·2 per thousand.

Infantile Mortality.—252 children died under twelve months old during the year. I have already in the section devoted to district mortality referred to the difference in the infantile mortality in the various parts of the Borough. Let us now see how we stand compared with other towns. On the average fifteen out of each hundred children born in England die before being in the world twelve months ; in healthy rural districts ten in each hundred die, in very densely populated and unhealthy towns, twenty-five. In Macclesfield during 1875 the proportion was nineteen to each hundred births. According to the Registrar General's Annual Summary of Deaths during the same period, the average of the eighteen largest English towns was seventeen to each hundred, and in only four of these largest towns was the infantile death-rate higher than Macclesfield, viz.—Bradford, 20 ; Norwich and Liverpool, 21 ; Leicester, 24.

The mortality among children however shows a slight decrease as compared with the proceeding year, when over twenty of each hundred children born alive died under twelve months old.

Deaths at the Reproductive Age.—279 deaths took place at the reproductive age (15-55.) At this age life is inestimably precious, and health of the greatest importance. The father when called away at this period of life can ill be spared; the mother is snatched from her helpless child. Consumption is the disease which destroys the greatest number of lives at this period of life.

Deaths of Old People.—252 persons died aged 60 years and upwards; of this number 123 had reached or exceeded the age of 65; 61, that of 75; 11, that of 85; and 1, that of 95.

MORTALITY AS TO DISEASE.

(SEE TABLE XII.)

Class I.—Zymotic Diseases.

The whole class of Zymotic diseases includes 126 deaths, of which 88 are referred to what are commonly known as the seven chief Zymotic diseases. In 1873 the death rate from these diseases was 1·7 per thousand, in 1874 it rose to 3·5, and in 1875 it was 2·4.

Table X.

Showing the number of deaths from the seven principal Zymotic diseases during the years 1873, 1874, and 1875.

Disease.		1873.	1874.	1875.
Small Pox		0	0	0
Measles		3	26	1
Scarlet Fever		5	11	31
Diphtheria		1	0	2
Fever	Typhus	3	1	0
	Typhoid or Enteric ...	8	12	13
	Continued	4	6	4
Diarrhœa		34	49	32
Whooping Cough...		6	25	5
Total		64	130	88

The number of deaths from Diarrhœa have decreased during the year from 49 in 1874 to 32 in 1875.

Scarlet Fever before alluded to was prevalent in an epidemic form during the last five months of the year, consequently the number of the deaths—thirty-one—is greatly in excess of the two previous years.

Seventeen deaths are referred to various forms of fever, thirteen being registered as Enteric Fever, and four as Simple Continued Fever. Enteric Fever may be regarded as nature's sanitary danger signal; wherever it exists there will invariably be found sanitary defects. Typhus Fever does not appear in the death registers of the year.

The deaths from Whooping Cough show a very gratifying reduction; twenty-five being registered in 1874 and five in 1875.

Only one death took place from Measles, against twenty-six in the previous year.

No death was caused by Smallpox.

Two deaths were referred to Diphtheria; this is another disease caused by local sanitary defects.

Turning to the deaths in this class other than those known as the seven chief Zymotic diseases, four deaths are noticed from Erysipelas, two from Puerperal or Childbed Fever, and eight from Acute Rheumatism.

Among the enthetic diseases are ten deaths from Syphilis, nine of which were children under twelve months old, who had inherited it.

The direct fatal effects of excessive indulgence in intoxicating liquors are seen in five deaths attributed to Alcoholism.

Class II.—Constitutional Diseases.

Constitutional diseases comprise a class of disorders to which 193 deaths are referred. This class is divided into two orders, Diathetic and Tubercular, the former including 25 deaths, the latter 168.

The most distructive of the diseases in the Diathetic order is Cancer, to which 21 persons succumbed; the number of deaths from this cause has been nearly stationary for the last five years.

Tubercular diseases show a slight increase more especially noticed in Tabes Mesenterica, (a tubercular disease of children), to which 53 deaths are referred. Phthisis (Consumpton) was fatal to 103 lives, rather less than in the preceeding year, but still in excess of the average for England. Next to Bronchitis it has been the most fatal of all diseases during the year. Five deaths are due to Hydrocephalus (Water on the Brain).

Class III.—Local Diseases.

Under this head are placed the inflammations and other local disorders of the eight great systems of organs. 493 deaths are comprised in this class.

Diseases of the Nervous System.—Diseases of the Brain, Spinal Marrow, and Nerves were the cause of 155 deaths. 42 deaths were referred to Convulsions, (40 of which were children under five years of age), 34 to Paralysis, 23 to Apoplexy, and 14 to Epilepsy.

Diseases of the Heart and Organs of Circulation.—The heart and great blood vessels failed in 85 instances, causing thirteen more deaths than in the preceeding year.

Diseases of the Organs of Respiration were fatal to 162 lives. Bronchitis was certified as the cause of 117 deaths, more deaths being attributed to this disease than any other. Pneumonia (Inflammation of the Lungs), Asthma and Pleurisy caused 46, seven and five deaths respectively.

Diseases of the Organs of Digestion.—51 deaths are included under this head. In seventeen cases the stomach and intestines were affected, in 34 cases the liver was the seat of disease.

Diseases of the Urinary Organs.—The loss of sixteen lives is attributed to these diseases, including six deaths from Bright's disease, and five from Diabetes.

Diseases of the Organs of Reproduction, of the Organs of Locomotion, and of the Integumentary System were fatal to five, three and ten lives respectively.

Class IV.—Developmental Diseases.

In this class 122 deaths are included. The class is divided into four orders, which it is important to keep separate.

Among the developmental diseases of children are noticed the death of ten infants prematurely born, four deaths from Malformations, and twenty-four from Teething.

Five deaths are attributed to Child-birth. Two other mothers lost their lives from Puerperal or Child-bed Fever. To 184 children born *alive* one mother died.

"Old Age" or Natural Decay of the body was certified as the cause of 39 deaths.

Forty persons died of gradual wasting away, in which the cause of the wasting was not stated in the death certificate, and the death certified as due to Atrophy or Debility. Of these forty deaths twenty-seven were children under one year of age.

Class V.—Violent Deaths.

Eighteen violent deaths took place during the year, fifteen were the result of accidents, three were suicides.

Causes not Specified.—The causes of thirty-three deaths were either not certified, or were ill-defined. Of this number twenty-six were after inquests entered in the death registers as due to "Natural causes, suddenly."

In taking a retrospective glance at the year what do we find? That a good work has been done in removing nuisances, many of which were of long standing; that several streets have been greatly improved, not only as to their sanitary condition, but rendered comfortable to the predestrian; that the death-rate is lower than the two previous years; that the frightful mortality among infants has slightly diminished; and that, notwithstanding the epidemic of Scarlet Fever, we have had fewer deaths from Zymotic causes than in the preceeding year. And so we are cheered but not satisfied with a slight improvement; enough to stimulate every energetic and enlightened sanitary reformer to renewed exertions.

I have the honour to be,

Mr. Chairman and Gentlemen,

Your Obedient Servant,

GEORGE BLAND,

Medical Officer of Health.

To the Local Board of Health,
Macclesfield.

TABLE XI.

MONTHLY METEOROLOGICAL MEMORANDA, 1875.

MONTHS.	Mean Temperature.	Mean Atmospheric pressure.	Rainfall.		Relative proportion of wind				Mean Amount of Ozone.
			No. of Wet days.	Amount Collected	N.	E.	S.	W.	
January ...	43·81	29·78	19	3·82	1	8	15	7	3·7
February ...	37·05	30·06	9	1·05	7	10	6	5	2·1
March ...	40·92	30·15	8	0·75	8	10	5	8	3·0
April ...	48·25	30·04	7	1·10	7	13	4	6	2·5
May ...	53·54	29·96	17	2·45	6	6	9	10	3·5
June ...	57·56	29‘43	19	2·83	4	8	8	10	3·8
July ...	59·02	29·73	17	5·44	9	6	5	11	4·1
August ...	61·50	29·65	17	2 18	4	10	7	9	3·3
September ...	58·78	29·64	16	4·04	3	11	6	10	3·1
October ...	47·15	29·38	18	5·29	5	11	8	7	2·0
November ...	36·25	29·40	22	4·20	10	11	3	6	2·8
December ...	37·12	29·70	15	1·35	10	5	8	8	2·5

The mean temperature of the year was slightly below the average. The highest point of the Thermometer was 80°, noticed on August 16th.

During November the barometer underwent some strange fluctuations. On the 6th it attained its lowest point, 28·61 inches, and a week afterwards rose 1·16 inches in twenty-four hours.

Rain fell on 184 days; 34·5 inches were collected. July, October, and November were very stormy months.

The scale and test used for Ozone are Shöubein's.

APPENDIX I.

SUGGESTIONS

FOR PREVENTING THE SPREAD OF INFECTIOUS OR CONTAGIOUS DISEASES, SUCH AS SCARLET FEVER, SMALLPOX. FEVER, DIPHTHERIA, &c.

1.—Separate the sick person from the rest of the family directly illness appears, placing him, if possible, in a room at the top of the house, and taking care to remove carpets, curtains, and all unnecessary articles of furniture and clothing therefrom.

2.—Admit fresh air by opening the upper sash of the window. The fire place should be kept open, and a fire lighted if the weather permits. Fresh air should be freely admitted through the whole house by means of open windows and doors. The more air passes through the house, the less likely is the disease to spread.

3.—Hang up a sheet outside the door of the sick room, and keep it wet with a mixture made either with a quarter of a pint of carbolic acid (No. 4), or a pound of chloride of lime, and a gallon of water. The floor should frequently be well sprinkled with either of the same disinfectants and cloths, wetted with either, hung up in the room.

4.—Everything that passes from the sick person should be received into vessels containing half a pint of a solution of green copperas, made by dissolving one pound of the copperas in a gallon of water. A like quantity of the solution of copperas should be added to the discharges before emptying them into the closet.

5.—Every sink, closet, or privy should have a quantity of one of the above-named disinfectants poured into it daily, and the greatest care should be taken to prevent the contamination of well or drinking water by any discharges from the sick person.

6.—All cups, glasses, spoons, &c., used by the sick person should be first washed in the above-named solution of carbolic acid, and afterwards in hot water, before being used by any other person.

7.—No article of food should be allowed to remain in the sick room. No food or drink that the sick person has tasted, or that has been in the sick room, should be given to anyone else.

8.—All bed or body linen, as soon as removed from the sick person, and before being taken from the room, should be first put into a solution of carbolic acid of the above-mentioned strength, remaining therein for at least an hour, and afterwards boiled in water.

9.—Instead of handkerchiefs, small pieces of rag should be used, and these, when soiled, should be immediately burnt.

10.—Persons attending on the sick should not wear woollen garments, as they are likely to retain infectious poison; dresses of cotton, or of washable material, should be worn. Nurses should always wash their hands immediately after attending to the sick person, using carbolic acid soap instead of ordinary soap.

11.—It is of the utmost importance that the sick room be not frequented by others than those in immediate attendance on the sick, as the clothing of visitors is very liable to carry away infection.

12.—The scales and dusty powder which peel from the skin in scarlet fever, and the crusts in small-pox, being highly infectious, their escape may be prevented by smearing the body of the sick person all over every day with camphorated oil. The sick person must not be allowed to mix with the rest of the family until the peeling has *entirely ceased*, and the skin is perfectly smooth; clothes used during the time of illness, or in any way exposed to infection, *must not be worn again until they have been properly disinfected.*

13.—When the sickness has terminated, the sick room and its contents should be disinfected and cleansed. This should be done in the following manner:—Spread out and hang upon lines all articles of clothing and bedding; well close the fire-place, windows, and all openings; then take a quarter to half a pound of brimstone, broken into small pieces, put them into an iron dish supported over a pale of water, and set fire to the brimstone by putting some live coals upon it. Close the door, and stop all crevices, and allow the room to remain shut up for twenty-four hours. The room should then be freely ventilated, by opening the doors and windows, the ceiling should be whitewashed, the paper stripped from the walls and burnt, and the furniture and all wood and painted work be well washed with soap and water containing a little chloride of lime. Beds, mattresses, and articles which cannot well be washed, should be submitted to the action of the sun and air for a few days. *Until this process of disinfection is effectually carried out, the room cannot be safely occupied.*

14.—No person should be allowed to attend school or factory from a house in which there is infectious disease, as, although not ill themselves, they are very likely to carry the infection, and so spread the disease. No child should be allowed to re-enter a school without a certificate from the medical attendant, stating that he can do so without any danger of infecting other children.

15.—In case of death, the body should not be removed from the room, except for burial, unless taken to a mortuary; nor should any articles be taken from it until disinfected as before directed in Rule No. 13. The body should be put into a coffin as soon as possible, with a pound or two of carbolic powder. The coffin should be fastened down, and the body buried without any delay.

APPENDIX II.

Attention is particularly directed to the following provisions of the "Public Health Act" in reference to "Infectious Disorders":—

1.—The owner or occupier may be required to cleanse and disinfect any house or room, and the articles contained in it likely to retain infection—where infectious disease has existed—under a penalty not exceeding 10s. a day for neglect.

2.—If any person, suffering from any dangerous infectious disorder, shall enter a cab or other public conveyance without informing the driver thereof that he is so suffering, he shall be liable to a penalty not exceeding £5.

3.—Any person suffering from any dangerous infectious disorder—such as fever, scarlet fever, small pox, &c.,—who exposes himself in any street, school, church, chapel, theatre, factory, or other public place; or in any omnibus or other public conveyance; and any person in charge of one so suffering, who so exposes the sufferer, shall be liable to a penalty not exceeding £5.

4.—Any person who, without previous disinfection, gives, lends, sells, or moves to another place, or exposes any bedding, clothing, rags, or other things which have been exposed to infection, becomes liable to a penalty not exceeding £5.

5.—Any person who lets a house, room, or part of a house, in which there has been infectious disease, without having such house or room, and all articles therein liable to infection, disinfected to the satisfaction of a qualified medical practitioner, is liable to a penalty not exceeding £20. This applies to public-houses, hotels, and lodging-houses.

6.—If any person who lets, or shows for hire, any house or part of a house, makes any *false statement* as to the fact of there being then in the house, or having within six weeks previously been therein, any person suffering from an infectious disease, such person *answering falsely* shall be liable to imprisonment, with or without hard labour, or to a penalty not exceeding £20.

☞Disinfectants and lime-wash may be obtained on application at the Town Hall every morning (Sundays excepted) at 9 o'clock.

Complaints of Nuisances, &c., may be forwarded to Dr. George Bland, Medical Officer of Health; or to the Inspector of Nuisances, E. A. Drew, who attends at the Town Hall, daily, from 9 to 10 a.m.

TABLE 12.—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE BOROUGH OF MACCLESFIELD, 1875.

CLASS.	CAUSES OF DEATH.	ALL AGES.	UNDER ONE YEAR.	1—	2—	3—	4—	TOTAL UNDER FIVE YEARS.	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	85—	95 and upwards	CAUSES OF DEATH.	CLASS.
	ALL CAUSES	987	239	37	20	13	17	326	30	14	27	29	53	79	91	150	123	61	11	1	ALL CAUSES	
	SPECIFIED CAUSES	954	225	37	19	13	17	311	30	14	26	29	52	76	88	143	121	60	11	1	SPECIFIED CAUSES	
	(CLASSES.)																				(CLASSES.)	
I.	ZYMOTIC DISEASES	126	40	7	9	4	12	72	13	6	5	6	4	4	5	4	2	5	...	...	ZYMOTIC DISEASES	I.
II.	CONSTITUTIONAL „	193	45	7	2	3	2	59	4	2	14	14	17	26	24	30	11	2	...	...	CONSTITUTIONAL „	II.
III.	LOCAL „	493	74	15	6	6	3	114	9	5	6	9	24	42	55	100	97	28	4	...	LOCAL „	III.
IV.	DEVELOPMENTAL „	122	55	8	1	...	...	64	1	...	...	...	4	3	1	8	9	24	7	1	DEVELOPMENTAL „	IV.
V.	VIOLENT DEATHS	18	1	...	1	...	...	2	3	1	1	...	3	1	3	1	2	1	...	...	VIOLENT DEATHS „	V.
	(ORDERS.)																				(ORDERS.)	
I.	1. MIASMATIC DISEASES	109	31	7	9	4	12	63	13	6	5	5	3	2	2	4	1	5	...	...	1. MIASMATIC DISEASES	I.
	2. ENTHETIC „	12	9	...	...	...	...	9	...	...	...	1	...	...	1	...	1	...	...	...	2. ENTHETIC „	
	3. DIETIC „	5	...	...	...	...	...	0	...	...	...	...	1	2	2	...	...	...	...	...	3. DIETIC „	
	4. PARASITIC „	0	...	...	...	...	...	0	...	...	...	...	...	...	...	...	...	...	...	...	4. PARASTIC „	
II.	1. DIATHETIC „	25	...	...	...	...	...	0	...	...	2	...	1	4	5	8	4	1	...	...	1. DIATHETIC „	II.
	2. TUBERCULAR „	168	45	7	2	3	2	59	4	2	12	14	16	22	19	12	7	1	...	...	2. TUBERCULAR „	
III.	1. DISEASES OF NERVOUS SYSTEM	155	35	4	3	3	1	46	3	2	2	4	8	15	13	29	23	7	3	...	1. DISEASES OF NERVOUS SYSTEM	III.
	2. „ ORGANS OF CIRCULATION	85	...	..	...	...	1	1	2	1	3	2	5	8	11	24	26	2	...	...	2. „ ORGANS OF CIRCULATION	
	3. „ RESPIRATORY ORGANS	168	43	9	2	2	1	57	2	1	1	1	5	8	18	25	32	17	1	...	3. „ RESPIRATORY ORGANS	
	4. „ DIGESTIVE ORGANS	51	3	2	...	...	...	5	2	...	...	1	2	6	8	14	12	1	...	...	4. „ DIGESTIVE ORGANS	
	5. „ URINARY ORGANS	16	...	...	...	...	...	0	...	...	...	...	2	3	3	4	3	1	...	...	5. „ URINARY ORGANS	
	6. „ ORGANS OF GENERATION	5	...	...	...	...	...	0	...	...	...	...	1	1	1	1	1	...	...	...	6. „ ORGANS OF GENERATION	
	7. „ ORGANS OF LOCOMOTION	3	...	...	...	...	...	0	...	1	...	1	...	...	1	...	...	...	...	...	7. „ ORGANS OF LOCOMOTION	
	8. „ INTEGUMENTARY SYSTEM	10	3	...	1	1	...	5	...	.	...	...	1	1	...	3	...	...	...	...	8. „ INTEGUMENTARY SYSTEM	
IV.	1. DEVELOPMENTAL DISEASES OF CHILDREN	38	28	8	1	...	...	37	1	...	...	...	...	...	...	...	...	...	...	...	1. DEVELOPMENTAL DISEASES OF CHILDREN	IV.
	2. „ „ ADULTS	5	...	...	...	...	...	0	...	...	...	...	4	1	...	...	...	...	...	...	2. „ „ ADULTS	
	3. „ „ OLD PEOPLE	39	...	...	...	...	...	0	...	...	...	...	...	...	...	1	6	24	7	1	3. „ „ OLD PEOPLE	
	4. DISEASES OF NUTRITION	40	27	...	...	...	...	27	...	...	...	...	...	2	1	7	3	...	...	...	4. DISEASES OF NUTRITION	
V.	1. ACCIDENT OR NEGLIGENCE	15	1	...	1	...	...	2	3	1	1	...	3	..	2	...	2	1	...	...	1. ACCIDENT OR NEGLIGENCE	V.
	*																				*	
	3. HOMICIDE	0	...	...	...	...	...	0	...	...	...	...	...	...	...	...	...	...	...	...	2. HOMICIDE	
	4. SUICIDE	3	...	...	...	...	...	0	...	...	...	...	...	1	1	1	...	...	...	...	3. SUICIDE	
	SUDDEN DEATHS, CAUSE UNASCERTAINED	26	11	...	1	...	...	12	...	...	...	...	1	3	2	6	2	...	...	...	SUDDEN DEATHS, CAUSE UNASCERTAINED	
	CAUSES NOT SPECIFIED, OR ILL DEFINED	7	3	..	...	...	...	3	..	...	1	.	...	...	1	1	...	1	...	...	CAUSES NOT SPECIFIED, OR ILL DEFINED	
	ORDER 1.																				(ORDER.)	
I.	Smallpox	0	...	...	...	...	...	0	...	...	...	...	...	...	...	...	...	...	...	...	Smallpox	I.
	Measles	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	Measles	
	Scarlet Fever	31	1	3	3	4	9	20	8	2	1	...	...	...	...	...	...	...	...	...	Scarlet Fever	
	Diphtheria	2	...	...	2	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	Diphtheria	
	Croup	4	...	1	1	...	1	3	...	...	...	...	...	1	...	...	...	...	...	...	Croup	
	Whooping Cough	5	3	...	1	...	...	4	1	...	...	...	...	...	...	...	...	...	...	...	Whooping Cough	
	Typhus	0	...	...	...	...	...	0	...	...	...	...	...	...	...	...	...	...	...	...	Typhus	
	Fever Typhoid or Enteric	13	...	...	2	...	...	2	2	1	2	3	1	...	...	1	1	...	...	...	Fever Typhoid or Enteric	
	Continued	4	...	1	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	Continued	
	Erysipelas	4	3	...	...	...	...	3	...	...	...	...	...	...	...	...	...	1	...	...	Erysipelas	
	Puerperal Fever (Metria)	2	...	...	...	...	...	0	...	...	...	1	...	1	...	...	...	...	...	...	Puerperal Fever (Metria)	
	Carbuncle	2	...	...	...	...	...	0	...	...	...	...	...	...	...	...	...	2	...	..	Carbuncle	
	Pyœmia	1	...	...	...	...	...	0	...	...	...	1	...	...	...	...	...	...	...	...	Pyœmia	
	Dysentery	0	...	...	...	...	...	0	...	...	...	...	...	...	...	...	...	...	...	...	Dysentery	
	Diarrhœa	32	23	2	...	...	1	26	...	1	...	...	...	...	1	3	...	1	...	...	Diarrhœa	
	Cholera	0	...	...	...	...	...	0	...	...	...	...	...	...	...	...	...	...	...	...	Cholera	
	Rheumatism	8	...	...	...	...	1	1	2	1	1	...	1	...	1	...	...	1	...	...	Rheumatism	
	ORDER 2.																				(ORDER 2.)	
	Syphilis	10	9	...	...	...	...	9	...	...	...	...	...	...	1	...	...	...	...	...	Syphilis	
	Stricture of the Urethra	2	...	...	...	...	...	0	...	...	...	1	...	...	...	...	1	...	...	...	Stricture of the Urethra	
	Hydrophobia	0	...	...	...	...	...	0	...	...	...	...	..	..	...	...	...	...	...	...	Hydrophobia	
	ORDER 3.																				(ORDER 3.)	
	Alcoholism	5	...	...	...	...	..	0	...	...	...	...	1	2	2	...	...	...	...	...	Alcoholism	
	ORDER 1.																				(ORDER 1.)	
II.	Gout	0	...	...	...	...	...	0	...	...	...	...	...	...	...	...	...	..	...	...	Gout	II.
	Dropsy	3	...	...	...	...	...	0	...	...	...	...	...	...	1	1	...	1	...	...	Dropsy	
	Cancer	21	...	...	...	...	...	0	...	...	2	...	1	4	4	7	3	...	...	...	Cancer	
	Mortification	1	...	...	...	...	...	0	...	..	...	...	...	...	...	...	1	...	...	...	Mortification	
	ORDER 2.																				(ORDER 2.)	
	Scrofula	7	3	...	...	...	...	3	2	...	...	...	...	1	1	...	...	...	...	...	Scrofula	
	Tabes Mesenterica	53	39	6	2	2	1	50	...	...	..	...	...	1	...	...	2	...	...	...	Tabes Mesenterica	
	Phthisis	103	...	...	...	1	...	1	2	2	12	14	16	20	18	12	5	1	...	...	Phthisis	
	Hydrocephalus	5	3	1	...	...	1	5	...	...	...	...	...	...	...	...	...	...	...	...	Hydrocephalus	
	ORDER 1.																				(ORDER 1.)	
III.	Cephalitis	5	...	...	...	...	...	0	2	...	...	...	...	1	..	1	I	...	...	...	Cephalitis	III.
	Apoplexy	23	...	...	...	...	...	0	...	...	...	...	...	2	2	10	6	2	1	...	Apoplexy	
	Paralysis	34	...	...	...	1	...	1	...	...	...	1	4	6	7	5	6	3	1	...	Paralysis	
	Insanity	1	...	...	...	...	...	0	...	...	...	...	...	1	...	...	...	...	...	...	Insanity	
	Epilepsy	14	...	...	...	...	...	0	...	...	2	3	4	3	1	...	1	...	...	...	Epilepsy	
	Convulsions	42	33	4	1	1	1	40	1	...	...	...	...	...	...	...	1	...	...	...	Convulsions	
	Brain Disease, &c.	36	2	...	2	1	...	5	...	2	...	...	2	3	13	8	2	1	...	...	*Brain Disease, &c.*	
	ORDER 2.																				(ORDER 2.)	
	Pericarditis	2	...	...	...	...	1	0	...	...	...	1	...	...	...	...	...	...	...	...	Pericarditis	
	Aneurism	0	...	...	...	...	...	0	...	...	...	...	...	...	...	...	...	...	...	...	Aneurism	
	Heart Disease, &c.	83	...	...	...	...	...	0	2	1	3	1	5	8	11	24	26	2	...	...	*Heart Disease, &c.*	
	ORDER 3.																				(ORDER 3.)	
	Bronchitis	117	30	7	...	1	1	39	1	...	...	...	3	6	13	16	28	16	1	...	Bronchitis	
	Pleurisy	5	1	...	...	...	...	1	1	...	...	1	1	...	...	1	...	...	...	...	Pleurisy	
	Pneumonia	29	12	2	2	...	...	16	...	1	1	...	1	1	5	2	1	1	...	...	Pneumonia	
	Asthma	7	...	...	...	...	...	0	...	...	...	...	...	...	...	5	2	...	...	...	Asthma	
	Lung Disease, &c.	4	...	...	...	1	...	1	...	...	...	...	...	1	...	1	1	...	...	...	*Lung Disease, &c.*	
	ORDER 4.																				(ORDER 4.)	
	Gastritis	1	...	...	...	...	...	0	...	...	...	...	...	...	...	...	1	...	...	...	Gastritis	
	Enteritis	4	1	...	...	...	...	1	1	...	...	...	...	...	...	1	1	...	...	...	Enteritis	
	Peritonitis	4	...	...	...	...	...	0	1	...	...	...	1	1	1	...	...	...	...	...	Peritonitis	
	Ulceration of Intestines	3	...	...	..	...	...	0	...	...	...	..	...	...	2	1	...	...	...	...	Ulceration of Intestines	
	Intussusception	1	...	...	...	...	...	0	...	...	...	...	...	...	...	...	1	...	...	...	Intussusception	
	Stomach Disease, &c.	4	...	...	...	...	...	0	...	...	..	1	...	...	...	2	...	1	...	...	*Stomach Disease, &c.*	
	Hepatitis	10	...	...	...	...	...	0	...	...	...	...	...	3	1	5	1	...	...	...	Hepatitis	
	Jaundice	4	1	1	...	...	...	2	...	...	...	...	...	...	...	1	1	...	...	...	Jaundice	
	Liver Disease, &c.	20	1	1	...	...	...	2	...	...	...	...	1	2	4	4	7	...	...	...	*Liver Disease, &c.*	
	ORDER 5.																				(ORDER 5.)	
	Bright's Disease (Nephria)	6	...	...	...	...	...	0	...	...	...	...	1	1	...	4	...	...	...	...	Bright's Disease (Nepria)	
	Diabetes	5	...	...	...	...	...	0	...	...	...	...	1	1	2	...	1	...	...	...	Diabetes	
	Cystitis	1	...	...	...	...	...	0	...	...	...	...	...	...	...	...	...	1	...	...	Cystitis	
	Kidney Disease, &c.	4	...	...	...	...	...	0	...	...	...	...	...	1	1	...	2	...	...	...	*Kidney Disease, &c.*	
	ORDER 6.																				(ORDER 6.)	
	Ovarian Dropsy	4	...	...	...	...	...	0	...	...	...	...	1	1	1	1	...	...	...	...	Ovarian Dropsy	
	Uterus Disease, &c.	1	...	...	...	...	...	0	...	...	...	...	...	...	...	...	1	...	...	...	*Uterus Disease, &c.*	
	ORDER 7.																				(ORDER 7.)	
	Synovitis	1	...	...	...	...	...	0	...	...	...	...	...	...	1	...	...	...	...	...	Synovitis	
	Joint Disease, &c.	2	...	...	...	...	...	0	...	1	...	1	...	...	...	...	...	...	...	...	*Joint Disease, &c.*	
	ORDER 8.																				(ORDER 8.)	
	Phlegmon	3	1	...	...	1	...	2	...	...	...	...	...	1	...	...	...	...	...	...	Phlegmon	
	Ulcer	3	...	...	...	...	...	0	...	..	...	...	1	...	...	2	...	...	...	...	Ulcer	
	Skin Disease, &c.	4	2	...	1	...	...	3	...	...	...	...	...	...	...	1	...	...	...	...	*Skin Disease, &c.*	
	ORDER 1.																				(ORDER 1.)	
IV.	Premature Birth	10	10	...	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	Premature Birth	IV.
	Cyanosis	1	...	...	...	...	...	0	1	...	...	...	...	...	...	...	...	...	...	...	Cyanosis	
	Spina Bifida	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	Spina Bifida	
	Other Malformations	2	2	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	Other Malformations	
	Teething	24	15	8	1	...	...	24	...	...	.	...	...	...	...	...	...	...	...	...	Teething	
	ORDER 2.																				(ORDER 2.)	
	Childbirth	5	...	...	...	...	...	0	...	...	...	...	4	1	...	...	...	...	...	...	Childbirth	
	ORDER 3.																				(ORDER 3.)	
	Old Age	39	...	...	...	...	...	0	...	...	...	...	...	...	...	1	6	24	7	1	Old Age	
	ORDER 4.																				(ORDER 4.)	
	Atrophy and Debility	40	27	...	...	...	...	27	...	...	...	...	...	2	1	7	3	..	...	...	Atrophy and Debility	
	ORDER I. (ACCIDENT OR NEGLIGENCE.)																				(ORDER 1.) (ACCIDENT OR NEGLIGENCE.)	
V.	Killed on the Railway	2	...	...	...	...	...	0	...	1	...	...	...	...	1	...	...	...	...	...	Killed on the Railway	V.
	Run over in the Street	2	...	...	...	...	...	0	...	...	...	...	1	...	...	...	1	...	...	...	Run over in the Street	
	Drowned	1	...	...	...	...	...	0	1	...	...	...	...	...	...	...	...	...	...	...	Drowned	
	Burns and scalds	2	...	...	1	...	...	I	1	...	...	...	...	...	...	...	...	...	...	...	Burns and Scalds	
	Strangled	1	...	...	...	...	...	0	...	...	1	...	...	...	...	...	...	...	...	...	Strangled	
	Suffocation	2	...	...	...	...	...	0	...	...	...	...	2	...	...	...	...	...	...	...	Suffocation	
	Fall	3	...	...	...	...	...	0	...	...	...	...	...	...	1	...	1	1	...	...	Fall	
	Improper feeding (Inquest)	1	1	...	...	...	...	1	...	...	...	...	...	..	...	...	...	...	...	...	Improper Feeding (Inquest)	
	Needle Penetrating Heart	1	...	...	...	...	...	0	1	...	...	...	...	...	...	...	...	...	...	...	Needle Penetrating Heart	
	* ORDER 4. (SUICIDE.)																				* (ORDER 4.) (SUICIDE.)	
	Hanging	3	...	...	...	...	...	0	...	...	...	...	...	1	1	1	...	...	...	...	Hanging	

*ORDER 2 (CLASS V.), comprising Violent Deaths in Battle; and ORDER 5, Execution, are omitted as inapplicable to Macclesfield.